Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS350AGC	A. BUILDING _____ B. WING _____	09/10/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSA LINDA GROUP CARE 2	3164 HEBARD DRIVE LAS VEGAS, NV 89121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/10/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation and interview on 9/10/08, the facility failed to ensure the interior and exterior of the facility were appropriately maintained. Findings include: Interior: - The ceiling air intake vents had a significant accumulation of dust covering them.	Y 178		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 178	Continued From page 1 - The ceiling exhaust vents in the two bathrooms were also covered with a layer of dust that spanned out onto the ceiling. - One of the two doors to the sink vanity in the front hall bathroom was missing. The two drawers that were behind the door had been dismantled and the drawer rails were sticking out from the bottom opening. - The floor at the doorway to the front hall bathroom had a 1 inch open gap between the bathroom floor tiles and those in the hallway. Exterior: - The front yard consisted of hard dirt with dried grass and weeds. The owner stated he planned to put in desert landscaping. - There were large cracks in the stucco across the front of the house and some were covered with a dark colored sealant. Wood framing was exposed at ground level near the enclosed front patio and showed water damage. The owner stated he planned to remodel the front of the house. Repeat deficiency from the 8/30/07 annual survey. Severity: 2 Scope: 3	Y 178		
Y 936 SS=D	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to	Y 936		

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Y 936	Continued From page 2 the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 9/10/08, the facility failed to ensure 1 of 5 residents met the requirements for tuberculosis (TB) testing. Findings include: Resident #3 was admitted on 3/21/07 and completed initial two-step TB testing on 3/17/07. The resident's annual TB test was not initiated until 4/7/08, more than one year later. The resident needs an additional one-step TB test. Severity: 2 Scope: 1	Y 936		